

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention**

**Guidance for Applicants (GFA) No. SP 02-002
Part I - Programmatic Guidance**

**Ecstasy, Other Club Drugs, Methamphetamine and Inhalant Prevention
Infrastructure Development Cooperative Agreements**

Short Title: Ecstasy and Meth Infrastructure Inhalant Interventions

Application Due Date: July 10, 2002

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and subject to the availability of funds

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Agency

Department of Health and Human Services (DHHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

Action and Purpose

Congress has authorized The Substance Abuse and Mental Health Services Administration's Center for Substance Abuse Prevention to announce the availability of Fiscal Year 2002 funds for cooperative agreements for Ecstasy, other Club Drugs, Methamphetamine and Inhalant Prevention Infrastructure Development.

Applicants may address either one of the following topics:

- , Ecstasy and other club drugs prevention infrastructure development.
- , Methamphetamine and/or inhalant prevention infrastructure development

Approximately \$4 million will be available for one year.

Approximately 12 awards will be made for up to \$350,000 for one year in total costs (direct and indirect).

- , Approximately 6 awards will be made for ecstasy and other club drug prevention infrastructure development
- .
- , Approximately 6 awards will be made for methamphetamine and/or inhalant prevention infrastructure development.

Actual funding levels will depend on the availability of funds. Applications exceeding \$350,000 will be considered non-responsive and will not be reviewed.

Funds may be used to pay for services/activities, infrastructure program implementation, evaluation and project reports.

Awards may be requested for up to one year. Depending on the availability of funds, grantees may apply for limited competitive renewal at the end of year 01 to continue into years 02 and 03.

Who Can Apply?

Units of State and local governments or Indian tribes and tribal organizations, and domestic

private non-profit organizations may apply.

These organizations can include:

- ' Community-based organizations
- ' Non-profit managed care and other health care delivery systems
- ' Universities and colleges
- ' Faith-based organizations
- ' City/county government units
- ' Local law enforcement agencies
- ' Others

Application Kit

SAMHSA application kits include the two-part grant announcement (also called the Guidance for Applicants, or “GFA”) and the blank form (PHS- 5161, revised July 2000) needed to apply for a grant.

The GFA has two parts:

Part I - provides information specific to the grant or cooperative agreement. It is different for each GFA. **This document is Part I**

Part II - has general policies and procedures that apply to **all** SAMHSA grant and cooperative agreements.

You will need to use both Part I and Part II to apply for a SAMHSA grant or cooperative agreement.

To get a complete application kit, including Parts I and II, you can:

- , Call the National Clearinghouse for Alcohol and Drug Information (NCADI) at 1-800 729-6686; TDD: 1-800 487-4889; **or**
- , Download the application kit from the SAMHSA site at [www.SAMHSA.gov grant opportunities link](http://www.SAMHSA.gov/grant-opportunities). Be sure to download both parts of the GFA.

Where to Send the Application

Send the original and 2 copies of your application to:

SAMHSA Programs

Center for Scientific Review
National Institutes of Health, Suite 1040
6701 Rockledge Drive MSC-7710

Bethesda, MD 20892-7710*

*Change the zip code to 20817 if you use express mail or courier service.

NOTE: Effective immediately, all applications MUST be sent via a recognized commercial or governmental carrier. Hand-carried applications will not be accepted.

Please note:

- , Use application form PHS 5161-1.
- , Be sure to type:
“SP 02-002, Ecstasy other Club Drugs and Methamphetamine and/or Inhalant Infrastructure Development” in Item Number 10 on the face page of the application form.
- , Please use the exact address listed above.

Application Date

Application is due by *July 10, 2002*

Applications received after this date will only be accepted if they have a proof-of-mailing date from the carrier no later than 1 week before the deadline date.

Private metered postmarks are not acceptable as proof of timely mailing. Late applications will be returned without review.

How to Get Help

For questions on *program issues*, contact:

Soledad Sambrano, Ph.D.
or Pamela C. Roddy, Ph.D
Center for Substance Abuse Prevention
Substance Abuse and Mental Health Services Administration
Rockwall II, Suite 1075
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9110
E-Mail: ssambran@samhsa.gov
proddy@samhsa.gov

For questions on *cooperative agreement management issues*,

contact: Stephen Haddock
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration

Rockwall II, 6th floor
5600 Fishers Lane
Rockville, MD 20857
(301) 443-9666
E-Mail: *shudak@samhsa.gov*

Cooperative Agreements

These awards are being made as cooperative agreements because they require substantial Federal staff involvement.

The roles of Federal staff, awardees, and the Program Coordinating Center (PCC) in the Cooperative Agreement are highlighted below.

Role of Federal Staff:

- ' Review and provide substantive guidance and technical assistance regarding individual awarded projects, selection of process and outcome measures, targets and analysis plans:
 - work with the PCC and the awardees using similar infrastructure developments to facilitate cross site evaluations to build the knowledge base related to the program's effectiveness
 - collect, evaluate, report and disseminate individual study results.
- ' Monitor and review progress of awardees including conducting site visits.
- ' Participate in Program Coordinating Center meetings, as well as on advisory and other workgroups.

Role of Awardees:

- ' Collaborate with CSAP staff in project implementation and monitoring and with all aspects of the terms and conditions of ecstasy, other club drugs, methamphetamine and inhalants infrastructure development cooperative agreement.
- ' Participate in Program Coordinating Center cross site activities.
- ' Provide SAMHSA and the Program Coordinating Center with common data collected for GPRA and the SAMHSA/CSAP Core Measures.
- ' Ecstasy and other club drug awardees work with the PCC by providing data for the preparation of the year-end Report to Congress.

Role of the Program Coordinating Center (PCC) which is funded under a contract:

- ' Work with the Government Project Officer (GPO) and airt to conduct an evaluation of the ecstasy, other club drugs, methamphetamine and inhalant infrastructure developments.
- ' Prepare a report to Congress on the results of the ecstasy and other club drug prevention infrastructure developments. This report should discuss the scope of the problem, the state of the art of prevention infrastructure development that can address the problem, and results of selected prevention infrastructure projects conducted.
- ' Work with the GPO and awardees to collect GPRA and SAMHSA/CSAP Core Measures data in a data repository; maintain the repository; and provide periodic data summaries to the GPO and the airts where appropriate.
- ' Provide coordination, technical assistance, support and strategic and operational advice to awardees for the cross-site analyses.
- ' Set up a meeting within 90 days of award.
- ' Provide logistics for awardee meetings.

Funding Criteria

Decisions to fund a cooperative agreement under this announcement are based on:

1. The strengths and weaknesses of the application as identified by the Initial Review Group and approved by the CSAP National Advisory Council
2. Availability of funds
3. In accordance with Section 506 B of the Ecstasy Anti-Proliferation Act of 2000, "The administrator shall give priority in awarding grants under this section to rural and urban areas that are experiencing a high rate or rapid increases in abuse and addiction to 3,4-methylenedioxy methamphetamine, related drugs and other club drugs."

Post Award Requirements

1. Progress Reports:
 - ' Quarterly reports
 - ' Final Report (including an evaluation section documenting the status of the study effort including analytical methods, process and final outcomes).

2. Annual Financial Status Report
3. Compliance with data reporting requirements including but not limited to GPRA reporting requirements (See Appendix A)

Program Overview

Ecstasy and Other Club Drug use by teenagers has increased over the past several years according to the Monitoring the Future study. In the 12th graders annual use increased from 4.0 percent in 1997 to 9.2 percent in 2001 (Johnson, et al., 2001) . This increase in use has led to Congress enacting the Ecstasy Anti-Proliferation Act of 2000 which funds this program. Contrary to popular opinion, these drugs are harmful causing both stimulant and psychedelic effects. Ecstasy is scientifically known as 3,4-methylenedioxy methamphetamine, commonly referred to MDMA. It is one of a number of dangerous substances collectively referred to as “club drugs.” The name, “club drugs, ” derives from the fact that these drugs are often used by young people who attend “raves” or all night dance parties at clubs and bars. In addition to ecstasy, other common substances used in this context include gamma-hydroxybutyrate (GHB), ketamine, Rohypnol (one of the “date rape” drugs), and LSD.

Methamphetamine use has also increased over the recent past several years and spread to a broader target population. While methamphetamine use has been associated with blue collar workers in Hawaii and the West Coast, it has now become a major problem throughout the West, Midwest and South and spread to other population groups such as gay men. Methamphetamine, a very powerful and addictive stimulant, otherwise known as “speed,” “meth,” “chalk,” “crank”, or “ice” is easily made in clandestine laboratories with relatively inexpensive over the counter ingredients.

Aiding and abetting this increased use of ecstasy, other club drugs and methamphetamine is the wide availability of these drugs at gay bars, sex clubs and bath houses. Club drug use, in particular methamphetamine use, is strongly related to high risk sexual behavior, especially among men who have sex with men. Moreover, polydrug use is the norm, with many of the drugs listed above used together along with alcohol, marijuana and PCP. Drug response does not always appear to be dose related. This may be because these drugs are usually not pure.

Inhalant use continues to be a concern because of its ready availability and low cost. This makes inhalants particularly popular among young people. They are available in common household products that contain volatile solvents or aerosols. Abusers inhale the vapors from these products in search of quick intoxication not realizing how dangerous and addictive they can be. Regular abuse is toxic to vital organs and even single use can disrupt heart rhythms and cause sudden death from cardiac arrest or depleted oxygen (NIDA, 2000).

Need for both Traditional and Non-Traditional Infrastructure Development.

In addition to developing traditional prevention infrastructure development projects focusing on children, youth, and families, there is a need to develop innovative infrastructure development projects because the ecstasy, club drug and methamphetamine culture is in many ways

different from more traditional substance using cultures. There is need to gain a greater understanding of this culture and what works in terms of prevention. Club drug users appear to be very media savvy so infrastructure developments could be developed that work in this venue. For example, the Internet serves as a powerful communication venue, alerting users to where various “raves” are going to be held. Because of this, it could also serve as a venue for training, education and surveillance in addition to more traditional venues, such as schools, community centers and the like. Other prevention interventions could focus on reducing supply and distribution of these drugs by closing down production laboratories and/or employing rigorous surveillance activities

Non-traditional target populations could include, but not be limited to, men who have sex with men, urban youth and young adults who attend “raves” and heterosexual users in the Midwest. Since methamphetamine is also particularly popular with certain workplace niche markets such as trucking, truckers could serve as another target population.

Program Goals

The Ecstasy, Other Club Drugs, Methamphetamine and Inhalant Prevention Infrastructure Development Program has two goals. Applicants may choose to focus on either one of these goals but not both in one application.

- , To conduct a targeted capacity expansion (TCE) project to develop or enhance the ecstasy and other club drugs prevention infrastructure and measure how many persons are served, trained, and/or production/distribution facilities are monitored before and after project implementation
- , To conduct a targeted capacity expansion (TCE) project to develop or enhance the methamphetamine and/or inhalant prevention infrastructure and measure how many persons are served, trained, and/or production/distribution facilities are monitored before and after project implementation.

Through this community-initiated prevention intervention special topics program, CSAP seeks to prevent further increases in the use of ecstasy, other club drugs, methamphetamine and inhalants by developing and/or enhancing local prevention infrastructure.

The purpose of prevention infrastructure development is to increase access to and availability of prevention services/activities to a larger number of at-risk persons. The purpose of prevention infrastructure enhancement is to improve the quality and dosage/intensity of prevention services/activities, already available in the community as well as adding innovative approaches such as internet education.

These projects can include but not necessarily be limited to:

- , Training State and local law enforcement officials, prevention and education personnel, health professionals, members of community anti-drug coalitions and parents as to the signs

of ecstasy, other club drug, methamphetamine and inhalant abuse.

- , Educating children, youth and young adults about the dangers of ecstasy, other club drug, methamphetamine and inhalant abuse.
- , Conducting outreach strategies to expand prevention services/activities to under-served populations in geographic areas, such as rural communities and inner cities.
- , Developing prevention service models that improve the quality and effectiveness of prevention services, such as matching persons to specific services, and referral and linkages to other supportive services such as transportation, child care, counseling etc.

Detailed Information on What to Include in Your Application

For your application to be **complete and eligible**, it must include the following in the order listed. Check off areas as you complete them for your application.

' **1. FACE PAGE**

Use Standard Form 424. See Appendix A in Part II for instructions. In signing the face page of the application, you are agreeing that the information is accurate and complete.

' **2. ABSTRACT**

Your total abstract may not be longer than 35 lines.

In the first 5 lines or less of your abstract, write a summary of your project that, if funded, can be used in publications, reporting to Congress, or press releases.

' **3. TABLE OF CONTENTS**

Include page numbers for each of the major sections of your application and for each appendix.

' **4. BUDGET FORM**

Standard Form 424A. See Appendix B in Part II for instructions.

' **5. PROJECT NARRATIVE AND SUPPORT DOCUMENTATION**

These sections describe your project. The Project Narrative is made up of Sections A through D. More detailed information of A-D follows #10 of this checklist. Sections A-D may not be longer than 25 pages.

G Section A - Description of the Project

G Section B - Project Plan (Design)

G Section C - Methodology, Data Collection, Analysis and Performance Monitoring

G Section D - Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

The support documentation for your application is made up of sections E through H.

There are no page limits for the following sections, except for Section G, the Biographical Sketches/Job Descriptions.

G Section E- Literature Citations

This section must contain complete citations, including titles and all authors, for any literature you cite in your application.

G Section F - Budget Justification, Existing Resources, Other Support

You must provide a narrative justification of the items included in your proposed budget as well as a description of existing resources and other support you expect to receive for the proposed project.

G Section G- Biographical Sketches and Job Descriptions

-- Include a biographical sketch for the project director and for other key positions. Each sketch should not be longer than **2 pages**. If the person has not been hired, include a letter of commitment with the sketch.

-- Include job descriptions for key personnel. They should not be longer than **1 page**.

-- ***Sample sketches and job descriptions are listed in Item 6 in the Project Narrative section of the PHS 5161-1.***

G Section H- Confidentiality and SAMHSA Participant Protection (SPP).

The seven areas you need to address in this section are outlined after the *Project Narrative /Review Criteria Sections A - D Highlighted* section of this document.

6. APPENDICES 1 - 4

Use only the appendices listed below.

Don't use appendices to extend or replace any of the sections of the Project Narrative (reviewers will not consider these).

Don't use more than **30 pages** (plus all instruments) for the appendices.

Appendix 1:

Letters of Coordination and Support including any Memorandum of Understanding (MOU) of an ongoing public health agreement.

Appendix 2:

Appendix 3:

Copy of Letter(s) to the Single State Agencies (SSAs). Please refer to Part II.

Appendix 4:

Sample Consent Forms

7. ASSURANCES

Non-Construction Programs. Use Standard form 424B found in PHS 5161-1.

8. CERTIFICATIONS

9. DISCLOSURE OF LOBBYING ACTIVITIES

Please see Part II for lobbying prohibitions.

10. CHECKLIST

See Appendix C in Part II for instructions.

Project Narrative/ Review Criteria–Sections A Through D Detailed

Sections A through D are the Project Narrative/Review Criteria part of your application. They describe what you intend to do with your project. A through D may not be longer than 25 pages.

Below you will find detailed information on how to respond to sections A through D.

- T Your application will be reviewed against the requirements described below for sections A through D.
- T A peer review committee will assign a point value to your application based on how well you address **each** of these sections.
- T The number of points after each main heading shows the maximum points the review committee may assign to that category.
- T Bullet statements do not have points assigned to them; they are provided to invite attention to important elements within the criterion.
- T Reviewers will also be looking for evidence of cultural competence **in each section** of the Project Narrative. Points will be assessed on the cultural aspects of the review criteria. SAMHSA's guidelines for cultural competence are included in Part II of the GFA.

Section A: Description of Project (15 Points)

- c Describe the current need for prevention services/activities in your community, such as lack of educational programs for persons at risk, training programs for professionals, law enforcement personnel and the like.
- c Describe how the proposed infrastructure development and/or enhancement project will address the lack of prevention services/activities.
- c Document the proposed project's potential effectiveness through a current literature review or preliminary supporting data, and provide a rationale for its choice.
- c Describe the target population in terms of number, race, ethnicity, age and gender as well as its risk for ecstasy, other club drugs, methamphetamine and/or inhalant use.
- c Document other substance abuse and/or related problems such as HIV/AIDS, TB, mental disorders, violence and trauma, as reflected by relevant incidence and/or prevalence rates.
- c Document the decision making process used to select the prevention infrastructure development or enhancement project to be implemented.
- c Describe how the proposed project advances the state of the art in prevention.

Section B: Project Plan (Design) (30 Points)

- c Describe how the proposed project addresses the goals of the GFA.
- c Provide a detailed presentation of how the project will be implemented.
- c Indicate how many people will be served
- c Describe how the infrastructure development and/or enhancement is appropriate for the gender, age, sexual orientation and culture of the target population.
- c If program modifications are planned, present clear details on the process by which these modifications will be documented and implemented.
- c Describe what services/activities comprise the infrastructure development project. Provide letters of coordination and support and MOUs in Appendix 1.
- c Describe fully participant inclusionary and exclusionary criteria in terms of: basic socio-demographics, including age, gender, ethnicity, and other distinguishing characteristics.
- c Describe how the target population will be included in the project planning and implementations and if focus groups will be used for this purpose.

Section C: Methodology, Data Collection, Analysis and Performance Monitoring, (30 Points)

- < Present an evaluation plan to determine whether or not the project is effective for the target population. Specify what process and outcome measures will be collected, including dosage data. The outcome measures can include both qualitative and quantitative measures. Examples of quantitative measures could include numbers of persons educated or numbers of professionals trained. Examples of qualitative data could include participant satisfaction with program activities/services.
- < If a systems development program is proposed, develop a feasibility plan that includes both a process and outcome assessment that indicates how services will be linked and clients will be served.

<

Measures/Parameters/Indicators

- < Specify what data will be collected to demonstrate the results and accomplishments of the infrastructure development project.
- c Describe plans to provide SAMHSA GPRA client outcome measures described in Appendix A for the PCC and the cross-site analysis. More information about GPRA is provided in Part II under the section with the same name.
- c Describe any additional measures that will be collected and used. Describe how these measures are appropriate to the age, culture, language, and gender of the target population. The measurement instruments should be reliable and valid, and to the extent possible, normed on the populations being assessed. Data collection instruments/psychometric properties/interview protocols should be included in Appendix 2 of your application.
- c Describe how substance use data, including ecstasy, other club drugs, methamphetamine and inhalant data on participants aged 12 or older and wherever possible on those aged 9-11 will be collected, using the CSAP Core Measures available on the web. The web address is: www.PreventionDSS.org.
- c Describe how substance abuse related problem data will be collected. These related problems can include social, emotional, cognitive and/or physical development that precede and/or relate to substance use and abuse using the same core measures
- c Describe how the analysis will adjust for confounding or mediating factors, such as dosage, length of exposure to the intervention and participant risk level, i.e. severity of problems regarding substance abuse.

Data Collection and Analysis

- c Describe plans to analyze the data to address the project goals.

- c Describe the strategies for data collection, management, processing and clean-up, quality control, and confidentiality.

Section D: Project Management, Implementation Plan, Organization, Staff, Equipment/Facilities and Other Support (25 Points)

- c Provide a project management implementation plan, including a time line that displays each specific activity, the target date for completion, and the responsible person for each task. This information may be presented in a table.
- c Describe the capability and experience of the organization and collaborating agencies with similar projects and populations. This experience must pertain to the delivery of substance abuse prevention and other behavioral, emotional, social, cognitive and physical health services. Also describe the organization's past and present experience in collaborating with other agencies, organizations, non-profits, Tribal Councils, National Tribal Organizations, universities, clinics and other organizations, where appropriate.
- c Describe the proposed staffing plan that includes staffing patterns (e.g., rationale for percent of time for key personnel and consultants), and a description of the qualifications and relevant experience of the Project Director, other key staff, and the proposed consultants and/or subcontractors. This experience must pertain to the provision of substance abuse prevention interventions and other behavioral, social, cognitive and physical health services.
- c Describe the cultural capabilities of the staff to ensure cultural competence in communicating with the target population and in the proposed intervention.
- c Document the staff's experience, familiarity with, links to, and acceptance by the target population and communities to be served.
- c Describe the relevant resources such as computer facilities and equipment as well as their location/facility in terms of space, accessibility (in compliance with the Americans with Disabilities Act) and environment.
- c Describe other resources not accounted for in the proposed budgets but necessary for the project, and plans for securing resources to sustain the project once Federal funding is terminated, or for reducing the project if it is not possible to obtain additional resources.

Confidentiality and SAMHSA Participant Protection (SPP)

You must address 7 areas regarding confidentiality and SAMHSA participant protection in your supporting documentation. **If any of these 7 sections is not relevant to your project, you must document why.** However, no points will be assigned to this section.

This information will:

- T reveal if the protection of participants is adequate or if more protection is needed.
- T be considered when making funding decisions.

Some projects may expose people to risks in many different ways. In Section I of your application, you will need to:

- c report any possible risks for people in your project,
- c state how you plan to protect them from those risks, and
- c discuss how each type of risk will be dealt with, or why it does not apply to the project.

The following 7 issues must be discussed:

Ø Protect Clients and Staff from Potential Risks:

- c Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects.
- c Discuss risks which are due either to participation in the project itself, or to the evaluation activities.
- c Describe the procedures that will be followed to minimize or protect participants against potential health or confidentiality risks. Make sure to list potential risks in addition to any confidentiality issues.
- c Give plans to provide help if there are adverse effects to participants, if needed in the project.
- c Where appropriate, describe alternative treatments and procedures that might be beneficial to the subjects.
- c Offer reasons if you do not decide to use other beneficial treatments.

Ù Fair Selection of Participants:

- c Describe the target population(s) for the proposed project. Include age, gender, racial/ethnic background. Address other important factors such as homeless youth, foster children, children of substance abusers, pregnant women, or other special population groups.
- c Explain the reasons for using special types of participants, such as pregnant women, children, institutionalized or mentally disabled persons, prisoners, or others who are likely to be vulnerable to HIV/AIDS.
- c Explain the reasons for including or excluding participants.

- c Explain how you will recruit and select participants. Identify who will select participants.

Absence of Coercion:

- c Explain if participation in the project is voluntary or required. Identify possible reasons why it is required. For example, court orders requiring people to participate in a program.
- c If you plan to pay participants, state how participants will be awarded money or gifts.
- c State how volunteer participants will be told that they may receive services and incentives even if they do not complete the study.

Ü Data Collection:

- c Identify from whom you will collect data. For example, participants themselves, family members, teachers, others. Explain how you will collect data and list the sites. For example, will you use school records, interviews, psychological assessments, observation, questionnaires, or other sources?
- c Identify what type of specimens (e.g., urine, blood) will be used, if any. State if the material will be used just for evaluation and research or if other use will be made. Also, if needed, describe how the material will be monitored to ensure the safety of participants.
- c Provide in Appendix 2, "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that you plan to use.

Ü Privacy and Confidentiality:

- c List how you will ensure privacy and confidentiality. Include who will collect data and how it will be collected.
 - c Describe:
 - How you will use data collection instruments.
 - Where data will be stored.
 - Who will or will not have access to information.
 - How the identity of participants will be kept private. For example, through the use of a coding system on data records, limiting access to records, or storing identifiers separately from data.
- NOTE: If applicable, airts must agree to maintain the confidentiality of alcohol and drug abuse client records according to the provisions of Title 42 of the Code of Federal Regulations, Part II.

Ý Adequate Consent Procedures:

- c List what information will be given to people who participate in the project. Include the type and purpose of their participation. Include how the data will be used and how you will keep the data private.

- c State:
 - If their participation is voluntary.
 - Their right to leave the project at any time without problems.
 - Risks from the project.
 - Plans to protect clients from these risks.
- c Explain how you will get consent for youth, the elderly, people with limited reading skills, and people who do not use English as their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, you should get written informed consent.

- c Indicate if you will get informed consent from participants or from their parents or legal guardians. Describe how the consent will be documented. For example: Will you read the consent forms? Will you ask prospective participants questions to be sure they understand the forms? Will you give them copies of what they sign?
- c Include sample consent forms in your Appendix 4, titled "Sample Consent Forms." If needed, give English translations.

Note: Never imply that the participant waives or appears to waive any legal rights, may not end involvement with the project, or releases your project or its agents from liability for negligence.

- c Describe if separate consents will be obtained for different stages or parts of the project. For example, will they be needed for both the treatment intervention and for the collection of data. Will individuals who do not consent to having individually identifiable data collected for evaluation purposes be allowed to participate in the project?

P Risk/Benefit Discussion:

- c Discuss why the risks are reasonable compared to expected benefits and importance of the knowledge from the project.

Appendix A

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

CSAP GPRA Participant Outcome Measures for Discretionary Programs

ADULTS

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a participant; to the extent that providers already obtain much of this information as part of their ongoing participant intake or follow-up, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

RECORD MANAGEMENT

Participant ID

[illegible]**Contract/Grant ID**

Grant Year

--	--

Year

Interview Date

_____ / _____ / _____

Interview Type

1. PRETEST
2. POST-TEST
3. 6 MONTH FOLLOW-UP

A. DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender

- ☐ Male
- ☐ Female

2. Are you Hispanic or Latino?

- ☐ Yes ☐ No

3. What is your race? (Select one or more)

- ☐ Black or African American
 ☐ Alaska Native
☐ Asian
 ☐ White
☐ American Indian
 ☐ Other (Specify) _____
☐ Native Hawaiian or Other
 Pacific Islander

4. What is your date of birth?

		/			/		
--	--	---	--	--	---	--	--

Month / Day / Year

B. DRUG AND ALCOHOL USE

1. During the past 30 days how many days have you used the following:

Number of Days

- | | | | |
|----|---|-------|-------|
| a. | Any alcohol | _____ | _____ |
| b. | Alcohol to intoxication (5+drinks in one sitting) | _____ | _____ |
| c. | Illegal Drugs | _____ | _____ |

- | 2. | During the past 30 days, how many days have you used any of the following: | Number of Days |
|----|---|-----------------------|
| a. | Cocaine/Crack | _ _ _ |
| b. | Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane] | _ _ _ |
| c. | Heroin [Smack, H, Junk, Skag], or other opiates | _ _ _ |
| d. | Non prescription methadone | _ _ _ |
| e. | Hallucinogens/psychedelics, PCP [Angel Dust, Ozone, Wack, Rocket Fuel], MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline | _ _ _ |
| f. | Methamphetamine or other amphetamines, [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank] | _ _ _ |
| g. | Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics, [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, VitaminK, Cat, Valium, Rohypnol, Roofies, Roche] | _ _ _ |
| h. | Inhalants [poppers, snappers, rush, whippets] | _ _ _ |
| i. | Other Drugs--Specify_____ | _ _ _ |
3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?
☐ Yes ☐ No
4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?
 _____# of Days
5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?
☐ Yes ☐ No
6. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?
☐ Yes ☐ No
7. During the past 30 days, that is since *DATEFILL*, have you smoked tobacco in a pipe, even once?
☐ Yes ☐ No
8. How old were you the first time you smoked part or all of a cigarette?

_____ years old If never smoked part or all of a cigarette please mark the box. **9**

9. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

_____ years old If never had a drink of an alcoholic beverage please mark the box. **9**

10. How old were you the first time you used marijuana or hashish?

_____ years old If never used marijuana or hashish please mark the box. **9**

11. How old were you the first time you used any other illegal drugs?

_____ years old If never used any illegal drugs please mark the box. **9**

C. EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree?
[01=1st grade, 12=12th grade, 13=college freshman, 16=college completion]

|____|____| level in years

- 1a. If less than 12 years of education, do you have a GED (General Educational Development-Diploma)?

☐ Yes ☐ No

D. ATTITUDES AND BELIEFS

1. How much do people risk harming themselves physically and in other ways when they smoke one or more packs of cigarettes per day?

☐ No risk
☐ Slight risk
☐ Moderate risk
☐ Great risk

2. How much do people risk harming themselves physically and in other ways when they smoke marijuana once a month?

☐ No risk
☐ Slight risk
☐ Moderate risk
☐ Great risk

3. How much do people risk harming themselves physically and in other ways when they:

- a. Have four or five drinks of an alcoholic beverage nearly every day?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
- b. Have five or more drinks of an alcoholic beverage once or twice a week?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
4. How do you feel about adults smoking one or more packs of cigarettes per day?
- ☐ Neither approve nor disapprove
 - ☐ Somewhat disapprove
 - ☐ Strongly disapprove
5. How do you feel about adults trying marijuana or hashish once or twice?
- ☐ Neither approve nor disapprove
 - ☐ Somewhat disapprove
 - ☐ Strongly disapprove
6. How do you feel about adults having one or two drinks of an alcoholic beverage nearly every day?
- ☐ Neither approve nor disapprove
 - ☐ Somewhat disapprove
 - ☐ Strongly disapprove
7. How do you feel about adults driving a car after having one or two drinks of an alcoholic beverage?
- ☐ Neither approve nor disapprove
 - ☐ Somewhat disapprove
 - ☐ Strongly disapprove

Form Approved
OMB No. 0930-0208
Expiration Date 10/31/2002

**CSAP GPRA Participant Outcome
Measures for Discretionary Programs**

YOUTH - Age 12 and Older

Public reporting burden for this collection of information is estimated to average 20 minutes per response if all items are asked of a participant; to the extent that providers already obtain much of this information as part of their ongoing client intake or followup, less time will be required. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 16-105, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0930-0208.

RECORD MANAGEMENT

Participant ID

Contract/Grant ID

Grant Year
Year

Interview Date / /

Interview Type 1. PRETEST 2. POST-TEST
 3. 6 MONTH FOLLOW-UP

A. DEMOGRAPHICS (QUESTIONS 1-4 ASKED ONLY AT BASELINE)

1. Gender
 ☐ Male
 ☐ Female
2. Are you Hispanic or Latino?
 ☐ Yes ☐ No
3. What is your race? (Select one or more)
 ☐ Black or African American ☐ Alaska Native
 ☐ Asian ☐ White
 ☐ American Indian ☐ Other (Specify) _____
 ☐ Native Hawaiian or Other
 Pacific Islander
4. What is your date of birth? / /
 Month / Day / Year

B. DRUG AND ALCOHOL USE

- | | |
|--|---|
| 1. During the past 30 days how many days have you used the following: | Number of Days |
| a. Any alcohol | <input type="text"/> <input type="text"/> |
| b. Alcohol to intoxication (5+drinks in one sitting) | <input type="text"/> <input type="text"/> |
| c. Other illegal drugs | <input type="text"/> <input type="text"/> |
| | |
| 2. During the past 30 days, how many days have you used any of the following: | Number of Days |

- a. Cocaine/Crack |_|_|_|
- b. Marijuana/Hashish [Pot, Joints, Blunts, Chronic, Weed, Mary Jane] |_|_|_|
- c. Heroin [Smack, H, Junk, Skag], or other opiates |_|_|_|
- d. Non prescription methadone |_|_|_|
- e. Hallucinogens/ psychedelics [PCP, Angel Dust, Ozone, Wack, Rocket Fuel], MDMA [Ecstasy, XTC, X, Adam], LSD [Acid, Boomers, Yellow Sunshine], Mushrooms, Mescaline |_|_|_|
- f. Methamphetamine or other amphetamines [Meth, Uppers, Speed, Ice, Chalk, Crystal, Glass, Fire, Crank] |_|_|_|
- g. Benzodiazepines, barbiturates, other tranquilizers, Downers, sedatives, or hypnotics [GHB, Grievous Bodily Harm, Georgia Home Boy, G, Liquid Ecstasy; Ketamine, Special K, K, Vitamin K, Cat, Valiums, Rohypnol, Roofies, Roche] |_|_|_|
- h. Inhalants [poppers, snappers, rush, whippets] |_|_|_|
- i. Other Drugs--Specify_____ |_|_|_|
3. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of a cigarette?
- ☐ Yes ☐ No
4. During the past 30 days, that is since *DATEFILL*, on how many days did you use chewing tobacco?
- _____# of Days
5. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you used snuff, even once?
- ☐ Yes ☐ No
6. Now think about the past 30 days-That is from *DATEFILL* up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?
- ☐ Yes ☐ No
7. During the past 30 days, that is since *DATEFILL*, have you smoked tobacco in a pipe, even once?
- ☐ Yes ☐ No
8. On how many occasions (if any) in your lifetime have you had an alcoholic beverage-more than just a few sips?

- ☐ Never
- ☐ 1-2
- ☐ 3-5
- ☐ 6-9
- ☐ 10-19
- ☐ 20-39
- ☐ 40 or more

9. How old were you the first time you smoked part or all of a cigarette?

_____ years old If never smoked part or all of a cigarette please mark the box **9**

10. Think about the first time you had a drink of an alcoholic beverage. How old were you the first time you had a drink of an alcoholic beverage? Please do not include any time when you only had a sip or two from a drink.

_____ years old If never had a drink of an alcoholic beverage please mark the box **9**

11. How old were you the first time you used marijuana or hashish?

_____ years old If never used marijuana or hashish please mark the box **9**

12. How old were you the first time you used any other illegal drugs?

_____ years old If never used used any illegal drugs please mark the box **9**

C. FAMILY AND LIVING CONDITIONS

1. During the past 30 days how stressful have things been for you because of your use of alcohol or other drugs?

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely
- ☐ Not Applicable-no drug use

2. During the past 30 days has your use of alcohol or other drugs caused you to reduce or give up important activities?

- ☐ Not at all
- ☐ Somewhat
- ☐ Considerably
- ☐ Extremely
- ☐ Not Applicable-no drug use

3. During the past 30 days has your use of alcohol or other drugs caused you to have emotional problems?
- ☐ Not at all
 - ☐ Somewhat
 - ☐ Considerably
 - ☐ Extremely
 - ☐ Not Applicable-no drug use

D. EDUCATION, EMPLOYMENT, AND INCOME

1. What is the highest level of education you have finished, whether or not you received a degree? [01= 1st grade, 12= 12th grade, 13= college freshman, 16= college completion]

|____| |____| level in years

E. ATTITUDES AND BELIEFS

- C It is clear to my friends that I am committed to living a drug-free life.
- ☐ False
 - ☐ Maybe
 - ☐ True
- C I have made a final decision to stay away from marijuana.
- ☐ False
 - ☐ Maybe
 - ☐ True
- C I have decided that I will smoke cigarettes.
- ☐ False
 - ☐ Maybe
 - ☐ True
- C I plan to get drunk sometime in the next year.
- ☐ False
 - ☐ Maybe
 - ☐ True
5. How much do you think people risk harming themselves (physically or in other ways) if they smoke one or more packs of cigarettes per day?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar

6. How much do you think people risk harming themselves (physically or in other ways) if they try marijuana once or twice?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
7. How much do you think people risk harming themselves (physically or in other ways) if they smoke marijuana regularly?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
8. How much do you think people risk harming themselves (physically or in other ways) if they take one or two drinks nearly every day?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
9. How much do you think people risk harming themselves (physically or in other ways) if they have five or more drinks once or twice each weekend?
- ☐ No risk
 - ☐ Slight risk
 - ☐ Moderate risk
 - ☐ Great risk
 - ☐ Can't Say/Drug Unfamiliar
10. How wrong do you think it is for someone your age to drink beer, wine or hard liquor (for example, vodka, whiskey or gin) regularly?
- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all
11. How wrong do you think it is for someone your age to smoke cigarettes?
- ☐ Very wrong
 - ☐ Wrong
 - ☐ A little bit wrong
 - ☐ Not wrong at all
12. How wrong do you think it is for someone your age to smoke marijuana?
- ☐ Very wrong
 - ☐ Wrong

- ☐ A little bit wrong
- ☐ Not wrong at all

13. How wrong do you think it is for someone your age to use LSD, cocaine, amphetamines or another illegal drug?

- ☐ Very wrong
- ☐ Wrong
- ☐ A little bit wrong
- ☐ Not wrong at all

Appendix B References

JOHNSTON, L.D., O'MALLEY, P.M. & BACHMAN, J.G. (2001). Rise in ecstasy use among American teens begins to slow. University of Michigan News and Information Services; Ann Arbor, MI (On-line). Available: www.monitoringthefuture.org

MATHIAS, R. & ZICKLER, P. (2001). NIDA Conference Highlights Scientific Findings on MDMA/Ecstasy. *NIDA Notes*, 19. 1-7.

LESHNER, ALAN I. (2000). NIDA Research Report- Inhalant Abuse: *NIH Publication No. 00-3818*

Appendix C Glossary

Cultural Competence -- The capacity of individuals to incorporate ethnic/cultural considerations into all aspects of their work relative to substance abuse prevention and reduction. Cultural competence is maximized with implementer/client involvement in all phases of the implementation process, as well as in the interpretation of outcomes (Achieving Outcomes, 12/01).

Cultural Competence Promotion -- Educative interventions to develop capacity for culturally competent knowledge, attitudes, and behaviors. Typically they involve how to: avoid use of stereotypes and biases, identify positive characteristics of a particular group, increase readiness to take into account cultural differences, and use of language and terminology that will best convey culturally sensitive prevention messages to a particular group. (CSAP has sponsored the development of prevention training for various ethnic minority groups. See <http://p2001.health.org/courses.htm>).

Cultural Diversity -- Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation.

Cultural Sensitivity -- The ability to recognize and demonstrate an understanding of cultural differences (Achieving Outcomes, 12/01).

Culture -- The values, traditions, norms, customs, arts, history, folklore, and institutions that a group of people, who are unified by race, ethnicity, language, nationality, or religion, share.

Ecstasy and Other Club Drugs -- Ecstasy is scientifically known as 3,4-methylenedioxy methamphetamine, commonly referred to MDMA or meth, is one of a number of dangerous substances collectively referred to as “club drugs.” The name “club drugs” comes from the fact that they are often used by young people who attend “raves” or all night dance parties at clubs and bars. In addition to ecstasy (MDMA), other common substances used in this context include gamma-hydroxybutyrate (GHB), ketamine, Rohypnol (one of the “date rape” drugs), methamphetamine, and LSD.

Inhalants -- These are included in common household products as vapors and aerosols. Such products can include glues, nail polish remover, lighter fluid, spray paints, deodorants, hair sprays, canned whipped cream, cleaning fluids, paints and gasoline. The dangerous chemicals found in these products as vapors and aerosols include amyl and butyl nitrite (poppers and video head cleaners, respectively), benzene (found in gasoline) butane, propane (found in lighter fluid), freon (used as a refrigerant and aerosol propellant), methylene chloride (found in paint thinners and removers, degreasers), nitrous oxide (laughing gas), hexane, toluene (found in gasoline, paint thinners and removers, and correction fluid) and trichlorethylene (found in spot removers and degreasers).